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The Restaurant Meals Program: A Guide for New York State's Successful Implementation

by

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*A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of
Master of Master of Science in Science, Technology, and Public Policy*

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Abstract

In October 2021, New York State (NYS) Governor Kathy Hochul signed into law legislation enacting the Restaurant Meals Program (RMP) to the Supplemental Nutrition Assistance Program (SNAP). The RMP is an extension of SNAP, allowing eligible SNAP recipients to spend their benefits at restaurants. The goal of the RMP is to allow a targeted SNAP population—the elderly, disabled, and homeless—to have greater accessibility to purchase prepared, low-cost, hot meals that would otherwise be out of reach.

Restaurant Meals Programs are currently enacted in just six states. Few analyses have evaluated its strengths and weaknesses. By identifying the RMP-eligible population’s food-related challenges in NYS as well as the issues the RMP faces in other states, NYS can utilize this knowledge for its own successful implementation.

Interviews were conducted within NYS to identify the food-related challenges the RMP-eligible population currently face. An interview was conducted with the Office of Temporary Disability Assistance (OTDA) to learn about the NYS’s policy goal for the RMP. An interview was conducted with a representative of the San Francisco Health Safety Agency (SFHSA) to identify challenges and successes of a current RMP. Additionally, three pieces of scholarly RMP literature were analyzed to identify issues faced by RMP’s across the country.

NYS’s elderly, disabled, and homeless populations face difficulties accessing healthy foods due to a lack of mobility options to access food, sufficient locations to utilize benefits, and the ability to cook or store food purchased with benefits. The main issues identified with the RMP were poor advertising and outreach strategies, geographic inequity, administrative challenges, inadequate restaurant eligibility standards, a lack of diverse foods, abuse and stigma, as well as food inaccessibility for the immobile.

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Introduction

The United States Department of Agriculture (USDA) has created multiple programs to fight food insecurity, beginning in 1939, in Rochester, New York (USDA, 2018). The enacted program, which lasted only four years, used a system of “Blue Stamps” and “Orange Stamps.” Blue Stamps could be used to purchase a limited selection of options whereas Orange Stamps could be used to buy any food item. The Food Stamp Act of 1964 created the Food Stamp Program—today known as the Supplemental Nutrition Assistance Program (SNAP)—which has been updated and revised over the years.

SNAP is a government social safety net that provides individuals and households a monthly allotment of funds to purchase food at supermarkets and some farmers’ markets. Its goal is to provide nutritional assistance and reduce food insecurity—defined as a measure of availability and access to food (Snider, 2020)—among low-income individuals and families.

The Food Stamp Act of 1964 includes a provision giving states the right to allow homeless, disabled, and elderly (aged 60 years and up) SNAP recipients to buy prepared food at restaurants (USDA, 1994), but it was not until 2003 that California became the first state to utilize this provision (Chew, 2020). Just over a decade later, the Agricultural Act of 2014 created the Restaurant Meals Program (RMP), essentially a defined program of the Food Stamp Act of 1964’s provision allowing certain populations to use SNAP benefits at restaurants. States voluntarily elect to operate the program. Interested states must submit an application to the USDA that details how they plan to manage the program while staying within the revisions of the Agricultural Act (USDA, 2018).

Assembly Bill A1524, also known as S7290A in the Senate, elects to operate the RMP in NYS (New York State) (State of New York, 2021). Since the bill’s introduction by

Assemblywoman Karines Reyes in November 2019, it passed the Assembly in July 2020. From there it was introduced to the Senate but was referred in February 2021 to the Ways and Means Committee, then moving to a passing vote in May 2021 (Heastie, 2021). In October 2021, Governor Kathy Hochul signed the bill into law. Currently, the Office of Temporary and Disability Assistance (OTDA) is presenting a formal application to the USDA before it comes into effect later in 2022 (Dolan, 2021). NYS will introduce a pilot program in select regions of the state, later expanding to all other areas of the state (Farmer, 2022).

Backers of the bill include the New York Immigration Coalition, the Met Council on Jewish Poverty, Hunger Free America, the New York State Restaurant Association, Concepts of Independence Empire State Restaurant and Tavern Association, City Harvest, and the New York City Hospitality Alliance Island Harvest (Reisman, 2020). Additional supporters include the National Council of Chain Restaurants and the National Restaurant Association (Carman, 2020).

The Division of Economic Security in 1994 first introduced legislation for a program similar to the RMP in NYS (Cotrona, 1994). Although it did not pass at the time, Bill A1524 retains near-identical language as the original. The old legislation also included a sample letter that would be sent to all eligible SNAP recipients to explain how the program works, as well as specialized SNAP ID cards that would allow those recipients to use their benefits at restaurants (Cotrona, 1994). As New York is set to begin participation in its own RMP in 2022, it has an opportunity to create a specialized plan on how to implement and manage the program in a way that meets the unique needs of the state's elderly, disabled, and homeless populations.

The amount of SNAP benefits received depends on household monthly income, the number of people per household, national economic trends (New York State, 2020), and the political party in power. In December 2020, SNAP benefits increased 15% in response to the

economic effects of the Covid-19 pandemic (Center on Budget and Policy Priorities, 2021). On April 1, 2021, the USDA began providing all SNAP recipients with emergency pandemic benefits, including families already at the maximum benefit ceiling. Since the start of the Covid-19 pandemic, up until April 2021, the USDA had already provided \$29 billion in emergency benefits. This \$1 billion per month increase in spending provided at least \$95 per month to all SNAP recipients (USDA, 2021a). More recently in September 2021, a permanent increase of \$36 per family on average in New York was announced (Sheridan, 2021). Each state sets a different eligibility threshold depending on total household income (Snider, 2020). In NYS, a household of two is eligible if their annual gross income is at or below \$22,416, or \$34,068 for a family of four (New York State, 2020).

Not all SNAP recipients are able to benefit equally. The elderly, disabled, and homeless face additional barriers to fully utilize their benefits; they often face challenges around mobility or lack the ability to cook and store food purchased in a kitchen or stable home. For many, supermarkets that offer healthy foods are too far away to regularly shop at. This type of situation is known as a food desert: a neighborhood that has limited access to affordable and nutritious foods (National Academies Press, 2009). In addition, there is also an economic argument that the RMP will help support struggling restaurants, especially due to the economic toll caused by the Covid-19 pandemic (NYC Hospitality Alliance, 2021).

The goal of this research is to identify the food insecurity challenges the elderly, disabled, and homeless populations face in NYS that relate to the RMP. In addition, this research will identify barriers that stand in the way of effectively implementing and managing the RMP from the perspective of policy makers and its administrators. Thus, this research can be utilized to help

inform practices and strategies employed by NYS OTDA to successfully implement and manage the RMP.

Policy Background

Food Insecurity in New York State

Before the Covid-19 pandemic, 13.9% of NYS residents were classified as living in a food desert (USDA, 2015), and 10.7% of residents were categorized as food insecure (Feeding America, 2021). Food deserts are most prevalent in low-income and urban neighborhoods (National Academies Press, 2009). According to NYS Health, in December 2020 during the Covid-19 pandemic, 14% of adult New Yorkers reported there was often or sometimes not enough to eat at home in the past 7 days, an increase from May 2020 when it was measured at 10% (NYS Health Foundation, 2020). In addition, 1 in 3 New York City children are experiencing food insecurity, a 64% increase from pre-pandemic levels (Feeding America, 2021). The Covid-19 pandemic has made food insecurity a more prominent issue across the state—and country as a whole—adding to an increased urgency to find solutions that can help relieve hunger. The leading cause of this recent increase in food insecurity can be attributed to the negative economic toll of the Covid-19 pandemic. Between May and December 2020, more than half of New Yorkers reported someone in their household had lost income since the start of the pandemic (NYS Health Foundation, 2020).

Hispanic and Black New Yorker's experience food insecurity at rates three to four times higher than white New Yorkers (NYS Health Foundation, 2020). There is also a disparity in the rate of food insecurity by ethnic group: in December 2020, 32% of Hispanic New Yorkers and 21% of Black New Yorkers reported household food scarcity in the last 7 days. These percentages were between 2 to 3.5 times higher than white New Yorkers (NYS Health Foundation, 2020). It is important to be aware that any changes to SNAP would have a larger impact on these communities.

Effects of SNAP

According to Ratcliffe et al. (2010), SNAP slashes rates of food insecurity “by roughly 30 percent and the likelihood of being very food insecure by 20 percent. These findings provide evidence that SNAP is meeting its key goal of reducing food-related hardship”. Studies have also examined the relationship between SNAP participation and Body Mass Index (BMI), with most concluding that SNAP participation is associated with increased adult BMI and a higher likelihood of being obese in contrast to SNAP-eligible users who do not participate (Almada, 2014). SNAP participation increases the probability of being overweight by 20-29% and being obese by 7-10% (Almada, 2014). However, increasing the amount of benefits to recipients has been shown to be associated with reduced obesity levels (Almada, 2014). Although SNAP participation is positively correlated with obesity, most studies ignore the influence that income has on obesity in their analyses. Research has shown there is a negative correlation between income and BMI (Bentley et al., 2018). Therefore, it can be argued that SNAP recipients are more likely to be obese due to their income level rather than their participation in the program.

SNAP recipients buy unhealthy foods at the supermarket at a high rate. A USDA report from 2016 showed how SNAP recipients spent their household expenditures on foods, including: (Garasky et al., 2016)

- 20% on sweetened beverages, desserts, salty snacks, candy, and sugar
- 26.1% on meats and frozen prepared foods

However, the percentage of dollars spent on these food groups is nearly identical to that of a non-SNAP household (Garasky et al., 2016). People buy unhealthy foods whether or not they are on SNAP.

Taking that into consideration, the sheer number and low-cost of fast-food chains may result in SNAP recipients buying unhealthy foods at increased rates simply due to increased accessibility. The cost of administration in certifying a chain restaurant is likely lower and more efficient since changes in pricing and menus can easily be collected; however this brings up an economic argument of what establishments should benefit from increased revenue from SNAP recipients, especially in the face of the Covid-19 pandemic.

NYS is facing an unprecedented economic downturn due to the Covid-19 pandemic. Many have lost jobs, businesses are struggling, and the rate of food insecurity has risen (Hake, et al. 2021). A NYC Hospitality Alliance survey showed that 44% of New York City restaurants suffered revenue declines of 76-100% in 2020 compared to the year prior (NYC Hospitality Alliance, 2021). Additional studies have shown SNAP is effective at preventing food insecurity while supporting the economy in times of need (Rosenbaum et al. 2020). The pandemic has disrupted the businesses of local restaurants, and SNAP recipients could be key in helping these local establishments regain lost business in NYS.

According to studies conducted during the 2008 recession and the pandemic, each dollar federally funded for SNAP during these recessions generated between \$1.50-1.80 in economic activity (Food Research & Action Center, 2020). The money from SNAP benefits gets cycled throughout the economy, supporting many businesses along the way. Hence, the RMP can be seen as an opportunity to give local restaurants an economic boost. The annual total SNAP benefits in NYS is astounding: \$4.9 billion in 2016, according to the most recent state-by-state USDA breakdown (USDA, 2021b). That equates to 2.9 million individuals in NYS, or 1.7 million households participating in SNAP averaging \$138 per person, or \$251 per household per month. Billions of dollars that could be going to local restaurants are instead primarily going to

established, chain supermarkets that have easily weathered the pandemic and will continue to do so. For this reason, the RMP would be economically significant in supporting restaurants throughout the state.

There is a possibility the RMP could be expensive for the state. NYS paid \$341 million in 2016 to investigate cases of fraud and pursue prosecutions related to SNAP (USDA, 2021b). This constitutes nearly 91% of the combined investigative costs across all states. In addition, New York spends \$43.11 annually in administrative costs per SNAP participant, significantly greater than the national average of \$29.98 (USDA, 2021b).

It's important to highlight the proven benefits of SNAP as well. Research has shown that SNAP recipients redirect their resources previously spent on food to other expenses, such as housing and utilities (Shaefer & Gutierrez, 2013). Additional research finds evidence that SNAP benefits increase the total amount of money a recipient spends on food more so than an equivalent cash transfer. Hence, SNAP does a better job at reducing food insecurity in comparison to a cash handout (Fraker et al. 1995).

The RMP can be seen as an addition that will further increase the potential for improved health and nutrition. Logistically, several considerations will need to be clarified by the OTDA to ensure it is successful. How often will vendors need to renew to retain eligibility? How will SNAP recipients be informed which restaurants accept SNAP? How will new information be relayed to both vendors and recipients? These questions and more will be evaluated further.

Restaurant Meals Program Across the Country

California, Arizona, Rhode Island, Florida, and most recently Virginia and Maryland are the only states participating in RMP's. However, having an RMP does not guarantee policy goals will be met with ease. In Rhode Island, only 11 restaurants—9 of which are Subway restaurants—in the entire state accept SNAP benefits due to the state's strict eligibility guidelines to join the RMP (Department of Human Services Rhode Island, 2021). According to the Food Stamp Act of 1964, benefits may only be used at restaurants with "concessional prices" (U.S.C § 2018, H1, 2018). The USDA has never created parameters that define the term "concessional," so it is up to states to create their own interpretations. In this instance, one could argue Rhode Island's RMP was effective at only certifying restaurants with concessional prices, but its obvious downside is how few restaurants were eligible and joined. Some counties in California have faced similar issues attracting restaurants into the program. Santa Cruz County has only certified two restaurant chains into the RMP, whereas Los Angeles County has over 150 different local and chain restaurants in its RMP (Thelin, 2020). Currently, The RMP is administered on the county-level in California whereas RMP in all other participating states are administered at the state-level (Thelin, 2020).

In Los Angeles County, all participating restaurants must have at least five healthy meal options that meet a nutritional value to be eligible. Out of 1,141 restaurants listed as participating in the county's RMP database, 982 are national chains such as Subway, Domino's Pizza, and Kentucky Fried Chicken (Los Angeles Department of Public Social Services, 2020). Although Los Angeles County's unique eligibility requirement appears promising on the surface, it has a high administrative cost while inadvertently making it hard for local restaurants to enroll (Los Angeles Department of Public Social Services, 2020).

Illinois, which recently started operating a pilot RMP in summer 2021, has a clear set of guidelines that can be found online. Below is a verbatim list of the state's requirements: (Illinois Department of Human Services, 2020)

- Have sit-down seating available (unless prohibited by a public health order that would only allow delivery or takeout).
- Be fully accessible to persons with disabilities.
- Be in and maintain compliance with all current federal, state, and local laws, regulations, and/or orders throughout the duration of participation in the program.
- Provide low-cost meals.
- Have a point-of-sale device to process SNAP transactions.

Aside from eligibility guidelines, restaurant owners need to be informed about what the RMP is in order to apply to the program. Surprisingly, many restaurant owners learned about the RMP through signage in other restaurants' windows (Gupta et al., 2013). San Francisco County relied heavily on word-of-mouth to advertise the program for a number of years with no formal outreach strategy to attract potential restaurants (Gupta et al., 2013). Other counties teamed up with local food organizations—food banks, food pantries, soup kitchens—to utilize their strong relationships with restaurants and SNAP recipients to outreach, advertise, and enroll new restaurants into the RMP. In addition, they partnered with restaurant associations and local anti-hunger advocates to help outreach to an even greater number of restaurants. Los Angeles County uses an online system that identifies RMP-eligible recipients and automatically sends each a letter directing them to nearby restaurants (Gupta et al., 2013). According to administrators in the county, increasing the number of restaurants in the RMP was key to improving food security,

jobs, and keeping businesses afloat. “During the first two years of the {great} recession, program administrators heard from many participating restaurants that they would have closed were they not on the RMP” (Hodges, 2012).

San Francisco County has a majority of vendors clustered downtown, with few vendors located near the place of residence of recipients (Gupta et al., 2013). Utilization of the RMP by recipients in San Francisco County is inhibited due to many vendors being located far away from recipients’ residence. Many county officials attribute this geographic inequity due to a lack of targeted outreach (Gupta et al., 2013). A lack of targeted outreach has resulted in many restaurants downtown and few elsewhere enrolling into the RMP. To counter this issue in nearby Alameda County, CA, officials conducted a demographic analysis of their RMP-eligible population overlaid with a map of eligible restaurants to locate areas that did not have enough restaurants in the program (Gupta et al., 2013)].

In Sacramento County, CA, the administrative budget was too small to hire enough staff to meet the administrative demands and keep pace with the program’s expansion (Call et al. 2020). Jared Call, a senior advocate at the California Food Policy Advocates, believes that national, large chains are better situated to “overcome any administrative challenges in terms of applying and maintaining status as a participant” (Call et al., 2020).

Completing all necessary paperwork was a barrier for restaurants in Santa Clara County, CA. The county required a long list of required documents such as insurance papers and a Memorandum of Understanding. Maintaining enrolled-status year-after-year was a time-consuming process for many restaurants (Call et al., 2020).

Michigan, which used to participate in the RMP, eliminated it in 2013 citing a lack of healthy options offered at enrolled restaurants along with a concern about abuse and fraud

(Midwest Independent Retailers Association, 2013). Fast food restaurants were predominantly enrolled which led to Michigan's Department of Human Services recommendation to end the RMP rather than amend it.

Additional Food Programs

Other than SNAP, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is another federal program that provides benefits to purchase food at the grocery store for low-income individuals and families (Benefits.gov, 2020). WIC is intended "to protect the health of low-income women, infants, and children up to age five who are at nutrition risk" (Benefits.gov, 2020). WIC provides funds to recipients to buy a limited range of healthy food items, offers nutrition education and referrals to health care providers. It has been proven to be effective at improving recipients' health and nutrition and subsequently to infants' higher academic success later in life (Carlson et al., 2021). Research has shown that WIC recipients have lower rates of obesity in contrast to SNAP (not adjusted for differences in demographics); however, it is more expensive to administer, has more restrictive food options, and serves far fewer recipients than SNAP (Almada, 2014).

Throughout NYS, various Meals on Wheels programs deliver hot meals directly to individuals who are unable to purchase or prepare meals themselves. Organizations such as CityMeals on Wheels, FeedMore WNY, and Meals on Wheels NYS provide hot meals to vulnerable populations including the homeless, disabled, and elderly. These organizations help fill the gaps that SNAP has left behind for these populations but are limited in their scope and ability to serve all recipients in need. To operate, they are reliant on volunteers and funding which have both been reduced by the Covid-19 pandemic (Skiba, 2020).

Congregate meal sites, food banks and food pantries also provide meals to those facing food insecurity in NYS. In fact, there are ten agencies in New York City alone that provide meals to needy residents (NYC Food Policy, 2020). Their effectiveness in relieving food insecurity is limited by the transportation barriers faced by recipients to get to an open food bank. Transportation is time-consuming for many, and impossible for others if a recipient is immobile or does not have the means to travel. Traveling multiple times per day to get a hot meal is unthinkable for most. In addition, food banks have limited hours of operation (weekends especially), are reliant on food donations and volunteers, and oftentimes require state and local funding to operate. By only working with donated foods, many pantries address food insecurity but not necessarily health and nutrition. Sister Libby Fernandez, Executive Director of Sacramento Loaves and Fishes, a soup kitchen that primarily feeds people experiencing homelessness, discusses food insecurity from her experience: (Hodges, 2012)

“Not everyone can come to Loaves and Fishes. You have to take a light rail that costs six dollars or you’re biking and that’s only for one meal. Just because there is a Loaves and Fishes does not mean that people aren’t hungry.”

Food organizations and government programs like SNAP work hand-in-hand to help fill the gaps left by one another. Unfortunately, there are still many needs that the homeless, disabled, and elderly face today that are not addressed in currently existing programs.

Literature Review

This literature review examines the RMP and SNAP in-depth with existing research. Three relevant scholarly pieces of literature that focus on the RMP were analyzed to identify issues the RMP faced in other states (Robertson, 2020; Hodges, 2012; Gupta et al., 2013). Scholarly literature that both discussed and analyzed the RMP as the main topic was used to identify issues of the program. As each piece of literature was analyzed, common issues were identified and categorized. Identifying the challenges that other states have faced will help provide NYS with the knowledge on how to avoid the same mistakes. Following this analysis, a policy background on SNAP discusses issues SNAP currently faces, as well proposed, enacted, and recommended ways SNAP has/can be improved. This may inform NYS what ongoing debates are being discussed to improve SNAP so that it can be related back to the RMP.

Table 1: Themes of Identified Problems of RMP from relevant literature

<i>Title</i>	<i>Year Published</i>	<i>Identified Problems*</i>	<i>State / County</i>
<i>Food Equity Through Restaurant Meals (Robertson, 2020)</i>	2020	A, B, C, D	CA, focus on LA County
<i>A Primer on the Restaurant Meals Program in California (Hodges, 2012)</i>	2012	A, C, D, F	CA, section on each county
<i>Expanding the Menu (Gupta et al., 2013)</i>	2013	A, B, C, D, E	CA, statewide

*Identified Problems Key

A: Poor restaurant outreach and advertising

B: Geographic inequity

C: Administrative challenges

- D: Restaurant enrollment
- E: Lack of diversity of foods
- F: Abuse of program; stigma

Few analyses have evaluated the RMP. Only three pieces of literature were found by the author that discussed and analyzed the RMP. California has participated in the program the longest which likely explains why all three pieces of literature focus on the state. Each county in California operates the program voluntarily and is self-managed, meaning each county's management approach is different from one another. This allows for a greater evaluation on the differences within counties: what works and what does not. This year, 2022, administration of the RMP is transitioning to the state level under CalFresh.

Issue 1: Poor Restaurant Outreach and Advertising

The most commonly mentioned issue across the board was poor advertising and outreach strategies towards restaurants. In many RMP jurisdictions, the rate at which restaurants enrolled in the program did not meet expectations because restaurants did not know the program existed, did not know how it could benefit them, and did not know how to apply and if they were eligible.

Issue 2: Geographic Inequality

The second identified issue was the geographic inequity of RMP. Simply, if recipients do not live near vendors they cannot benefit from the program. Mike Bulger, from NY Common Ground Health, emphasized how the lack of supermarkets in some Rochester neighborhoods negatively affects diet and nutrition. If you are allowed to buy hot meals from restaurants, but none accept SNAP benefits, the RMP provides no benefits for you. Solving issues of geographic

inequality are essential in ensuring RMP can improve the food insecure situations this population faces. This issue can be seen as strongly related to restaurant outreach and advertising.

Issue 3: Administrative Challenges

Many RMP jurisdictions do not have adequate levels of funding or staff to successfully manage the RMP. A lack of automated system capabilities increases the workload and time needed to complete day-to-day administrative tasks.

The fourth identified issue was restaurant enrollment. Each RMP jurisdiction creates their own eligibility guidelines for vendors while staying in the parameters governed by the USDA. According to the USDA, all eligible restaurants must offer meals at concessional prices. Many states and counties tend to have eligibility guidelines that inadvertently favor low-cost, fast-food chains. In addition, the bureaucratic hurdle on restaurants to enroll in RMP makes it hard to apply and maintain their status in the program year-after-year. There is a high time-cost, but also a monetary cost of device procurement for vendors to be able to accept and pull funds from EBT cards.

Aside from SNAP recipients, who should benefit from the RMP? If fast-food chains were excluded from participating in the RMP, local restaurants would benefit greatly from the additional SNAP dollars. Mike Bulger makes a strong point that allowing all interested restaurants into the RMP is in the benefit of recipients' convenience but may be at the expense of their nutrition, although there is no concrete research to back up his point. There is no perfect solution as to which restaurants should be allowed in RMP; however it is important to look at the faults in restaurant eligibility made in other states to prevent the same mistakes from happening in NYS.

Issue 4: Restaurant Enrollment

The fourth identified issue was restaurant enrollment. Each RMP jurisdiction creates their own eligibility guidelines for vendors while staying in the parameters governed by the USDA. According to the USDA, all eligible restaurants must offer meals at concessional prices. Many states and counties tend to have eligibility guidelines that inadvertently favor low-cost, fast-food chains. In addition, the bureaucratic hurdle on restaurants to enroll in RMP makes it hard to apply and maintain their status in the program year-after-year. There is a high time-cost, but also a monetary cost of device procurement for vendors to be able to accept and pull funds from EBT cards.

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Issue 5: Diversity of Foods

The fifth identified issue was diversity of foods. Healthy and culturally diverse meals are lacking due to a combination of poor vendor outreach methods, and eligibility guidelines favoring fast-food chains. Recipients with dietary restrictions, immigrants unaccustomed to

American fast-food, or those who simply prefer to eat foods from a different culture struggle with the restaurant options available.

Issue 6: Abuse and Stigma

The final identified issue is perceived abuse of RMP as well as the stigma that restaurant owners and government officials hold towards the homeless, disabled, and elderly. Restaurant owners who hold a stigma towards RMP's target population act as a barrier in enrolling diverse, local restaurants into the program. This issue can be seen as relating to restaurant outreach and administration.

Issue 7: Food Inaccessibility for the Immobile

An inability to order food for delivery reduces the RMP's ability to increase access to food, exacerbating the issue of geographic inequality. Having in place a system that permits food delivery would counter issues of geographic inequality, increasing utilization of the RMP among recipients with reduced mobility, and increase overall accessibility to food. Allowing for the delivery of hot meals from vendors is complicated by needing to pay separately for delivery through a secondary service, such as GrubHub.

Policy Review

Other than the RMP, other policy modifications and suggestions have been made to improve SNAP. The purchase of sugar beverages, stigmatization, the calculation of SNAP benefits, the timing of the distribution of benefits, and rebates on the purchase of produce are all ongoing debates within SNAP to improve the program.

Whether to allow the purchase of sugary beverages with benefits has been an ongoing debate for some time. The purpose of such a SNAP policy modification is to reduce the total daily caloric intake of sugar, reduce rates of obesity, and improve overall nutrition and health (Barnhill & King, 2013). In 2012, Florida Senator Ronda Storms sponsored a bill to restrict the purchase of soda and junk food with SNAP but did not pass (Reiley, 2019). In 2019 Texas attempted passing legislation with similar intent (Reiley, 2019). And in 2011 New York City proposed excluding sugar sweetened beverages to be purchased by SNAP but the USDA denied the city permission due to logistical, educational, and restaurant compliance concerns that NYS had yet to work out (Barnhill & King, 2013). Additionally, there are ethical and practicality considerations that need to be considered. Is it ethical to restrict recipients' ability to purchase soda whereas a non-recipient can buy all the soda they wish? Does restricting the sale of soda actually increase recipients' health? Restricting the purchase of sugar sweetened beverages with benefits does not stop SNAP participants from buying these beverages; participants can still pay with other sources of income. Such considerations can be related back to deciding what RMP restaurant eligibility guidelines NYS should pursue. Anne Barnhill, associate research professor in the Global Food Ethics and Policy Program at the Berman Institute, wrote in a 2013 journal article stating concerns that restrictions violate autonomy. "It is infantilizing, demeaning, or disrespectful to SNAP participants; it sends the message that SNAP participants make bad food decisions, and so the government must intervene." (Barnhill & King, 2013, pg. 302).

General public opinion and SNAP recipients' opinion surveys towards SNAP have shown that modifications to improve the nutritional impact are popular. Surveys conducted by Franckle et al. (2019) showed majority support among the general public and SNAP recipients to increasing total benefits, additional benefits that can only purchase fruits and vegetables, and

increasing the frequency of benefit issuance (currently issued monthly). It's important to note these proposals to SNAP are hypothetical. On the contrary, removing candy and sugary drinks as an allowable product for purchase with benefits was supported by 48% of SNAP participants whereas 66% of non-participants supported the restrictions. SNAP participants, although by just a slim majority, support more freedoms with how they can use their benefits. It's important for policymakers to be aware of this difference in opinions between recipients and non-recipients on what can be purchased.

SNAP has many faults that need to be addressed which the RMP does not solve. One issue was that SNAP participants commonly reported feeling stigmatized, judged, and devalued by SNAP employees, the public, and while shopping (Gainest-Turner et al. 2019). Additionally, participants felt that caseworkers "act as if it is their own money" they are handing out. SNAP is a government entitlement; hence caseworker professionalism should be expected.

The calculation of SNAP benefits does not account for the true cost of living: factors such as housing, transportation, childcare etc. Each state sets its own income eligibility guidelines and benefit amount, but the true cost of living varies greatly within a state. For example, within NYS, the cost of living in Nassau County is 54% higher compared to Chautauqua County (Spector, 2018). Yet, both counties have the same eligibility guidelines and benefits. If a recipient earns a small amount of income over the SNAP eligibility limit they are automatically dropped from the program. This discourages recipients from taking up additional employment or in some cases finding better-paying employment so as to not jeopardize their SNAP eligibility (New York State, 2020). It is a system that keeps recipients fed but perpetuates poverty.

With these issues in mind, Gaines-Turner et al. (2019) provides recommendations to improve SNAP. First, promote a different SNAP benefit calculation that factors in the true cost of living and food. Second, lengthen recertification duration and stop requiring interim proof of income. Third, improve caseworker professionalism. To help solve the underlying issues of food insecurity, These authors recommend a means-tested assistance program and universal income in addition to improvements to SNAP (Gaines-Turner et al., 2019).

SNAP recipients receive monthly benefits in a lump sum at the beginning of each month. Research by Lee et al., (2022) examined how recipients' spending and time-allocation behaviors changed over the duration of the month. According to household production theory, individuals/households require time to cook healthy food (Staudigel, 2012). The findings showed that recipients spent less time shopping for groceries and preparing food at the end of the benefit month. Lee et al. (2022) therefore concludes that participants have a lower diet quality at the end of the benefit month. Prior research has shown that participants' expenditures are higher in the first two weeks of benefit issuance, suggesting food is more abundant at the beginning of the month, reducing over the benefit cycle (Todd, 2014). This irregular food consumption pattern across the benefit cycle may have implications on food insecurity and nutritional intake (Todd, 2014). Lee et al (2022) suggests three improvements from these findings to help address the change in diet quality across the benefit month. Implement a program to help SNAP participants with better resource management, bi-monthly or weekly benefit distribution, and increase SNAP benefits.

The Healthy Incentives Program (HIP) offers SNAP households with a rebate on the purchase of produce. The goal of HIP is to incentivize the purchase and adoption of healthy foods. An (2015) looks at the cost-effectiveness of an HIP expansion nationwide by utilizing

data from prior research. A pilot of the HIP with a 30% rebate was conducted in 2011-2012 to assess the impacts and costs of the program. The analysis showed that the HIP was cost-effective at increasing quality-adjusted life years (QALY). QALY commonly used in health economic evaluations to quantify the health effects of an intervention/program.

The HIP is currently enacted just in Massachusetts as of April 2022 (Mass.gov, 2021). In Massachusetts, SNAP recipients who purchase produce with their benefits at qualifying locations will receive a \$1 rebate for every dollar spent, with a monthly limit between \$40-80 depending on the household size (Mass.gov, 2021). There has not been any research analyzing the cost-effectiveness and effect on QALY for Massachusetts SNAP recipients, so its effectiveness is currently unknown.

These same discussions can be connected back to the RMP. Should sweetened beverages be purchasable with the RMP? Will the vendor options or employees make participants feel devalued or stigmatized? Will the calculation of SNAP benefits need to increase due to large differences in the cost of restaurant food from area-to-area? Will the timing of the distribution of benefits need to be altered based on the spending pattern of RMP-users? There are some of many unknowns that need to be tested and further analyzed.

Methodology

Methods included both analysis of primary data collected through 1:1 interviews. A total of 8 interviews were conducted (between September 17th, 2021, and March 30th, 2022 which included 6 food organization administrators, the NYS OTDA which is in charge of submitting the state's RMP application to the USDA, and two San Francisco Health Safety Agency (SFHSA) administrators who help oversee San Francisco County's RMP. In addition, an analysis of publications that focus on the RMP was conducted to identify issues the RMP faced in other states. The Human Subject Research Office (HSRO) reviewed the study and deemed that the research does not meet the criteria of human subject research.

Six interviews were conducted with administrators across NYS at organizations that assist in alleviating food insecurity. Congregate meal sites, food pantries, and food banks were considered as organizations that help alleviate food insecurity. Each organization interviewed operates in a different major region across the state in order to avoid a geographic bias in the findings and recommendations. Emails were sent to organizations requesting an interview to discuss food insecurity. The purpose of interviewing food administrators was to hear firsthand what challenges the RMP-eligible population face. Food administrators work closely with the disabled, elderly, and homeless who are food insecure. Once an interview was scheduled with an administrator from an organization in a specific geographic region, the search for organizations in that region stopped. Common Ground Health, FeedMore WNY, NY Common Pantry, Hamilton Food Cupboard, and Feeding Westchester were found through internet searches. People Loving People was connected with the researcher through a mutual connection. The researcher had no say in which administrator was available to interview from each organization. All interviews were conducted via Zoom, a video calling platform. A list of interview questions

can be found in Appendix A. Interviews were analyzed by identifying themes as shown in Table 3 on page 30, then expanding on those points further to adequately explain interviewee’s statements. Themes were identified by first transcribing interviews. The manuscript was then reviewed for content and a theme for each unique response was assigned based on the context.

Table 2: A description of hunger relief advocate interviewees and their organization

<i>Region</i>	<i>Organization</i>	<i>Interviewee & Description</i>
Finger Lakes - Rochester	Common Ground Health	Mike Bulger - Health & Communities Coordinator for the Healthy Kids Coalition
Western - Buffalo	FeedMore WNY	Lauren Picone - Government Affairs Manager
Long Island - Oyster Bay	People Loving People	Donna Galgano - Administrative Director
New York City - Manhattan	NY Common Pantry	Anjali Krishnan - Social Media Associate
North Country - Hamilton	Hamilton Food Cupboard	Suzanne Collins - Director
Mid-Hudson - Westchester	Feeding Westchester	Virgil Dantes - Director of Community Impact

On March 11th, 2022, an interview was conducted via Zoom video call with Jeimil Belamide and Randy Mano from the SFHSA in San Francisco County. Jeimil Belamide is the program director of the San Francisco Benefits Net program within the SFHSA. Randy Mano is an analyst overseeing the CalFresh Policy team, helping to manage the RMP program. CalFresh is the California implementation of SNAP (California Department of Social Services, 2022). All information from the interview that discussed issues with the RMP, details of the RMP’s administration, and suggestions to improve the RMP were included.

On March 7th, 2022, an interview was conducted via email correspondence with Anthony Farmer, the Director of Public Information from the OTDA. A list of interview questions can be

found in Appendix C. The researcher chose to interview an OTDA administrator because the OTDA is in charge of NYS's application of the RMP to the USDA.

Findings

Current Food Insecurity Environment in New York State

Six interviews were conducted with food organization administrators in NYS via Zoom video call, ranging from 11.4 minutes to 28.2 minutes in length.

Table 3: Exemplar quotes of identified challenges that SNAP recipients face in NYS

<i>Theme</i>	<i>Exemplar Quotes</i>
<i>Inaccessibility to healthy food</i>	<p>“One of the main things that rises to the top is around access to healthy food and in particular inequitable access to healthy food.” (Mike Bulger, Common Ground Health)</p> <p>“People leave with a full week’s worth of food from the store because they can’t get healthy food elsewhere for their families” (Donna Galgano, People Loving People)</p>
<i>Diet and nutritional concerns</i>	<p>“People who eat less healthy food are more likely to develop diet-related disease. Those sort of health outcomes also disproportionately become present in low-income communities of color around Rochester.” (Mike Bulger, Common Ground Health)</p>
<i>Lack of mobility and transportation</i>	<p>“It became very apparent in the pandemic, especially not being able to use public transportation, being scared to leave their homes, that people couldn’t always come to the physical pantry to pick up their food.” (Anjali Krishnan, NY Common Pantry)</p> <p>“A lot of people just don’t have the capabilities of getting out to get healthy food or have it in their area” (Lauren Picone, Feedmore WNY)</p>
<i>Financial instability</i>	<p>“A lot of people lost their main source of income and had to come to the pantry as a way to feed their family since they lost their job. Everyone pretty much lives below the poverty line so financial concerns play a huge part.” (Anjali Krishnan, NY Common Pantry)</p>

Inaccessibility to healthy food, diet and nutritional concerns, lack of mobility and transportation, and financial instability were the main challenges that SNAP recipients across NYS face.

Of all the interviews conducted across NYS, all four mentioned access to healthy food as a primary concern. According to Mike Bulger from Common Ground Health, a combination of factors has created, and maintained, the current lack of access to healthy foods.

In Rochester, NY, Bulger stated that there is little economic incentive for supermarkets to become established in low-income neighborhoods. This has resulted in corner stores dominating these areas. Bulger explains how these corner stores, although convenient for individuals and families to shop at, are expensive and offer few fresh fruits and vegetables. Discussing the RMP, Bulger shares his thoughts:

“Let’s try to exclude the fast-food restaurants by saying, if a restaurant has more than ten locations in the state, or however many, so that way you cut off the chain restaurants. Does that necessarily improve the nutritional content of the meals available? Possibly. What it does do at least is give the smaller businesses that might be less beholden to their public partnership with Coca Cola or their reliance on the Big Mac. It at least gives them an opening and potential to get more revenue. But I think you’re also gonna run into that someone who’s crucial issue is, just give them money, don’t give them any restrictions on it which I think is a really valid approach. But someone’s going to say, ‘well, that’s not available in this neighborhood’. So what you’re really saying is, you can use {SNAP benefits} at restaurants but there’s no restaurant around you or just one around you. This is the paradox. We live in an unhealthy food system predicated on cheap unhealthy food. Our economy is set up in a way that relies on cheap and unhealthy food, and it’s definitely stacked against people who don’t have the means to get around that. [There’s] not a simple solution to the problem.”

In Buffalo, NY, many elderly residents do not have the capability to get out of their homes to buy healthy food. Lauren Picone, Government Affairs Manager at FeedMore WNY, explains how food deserts are a big problem across Buffalo and its surrounding area. “Buffalo has almost no grocery stores or fresh food access {in low-income neighborhoods}, as do a lot of the outlying, rural areas. That’s one of the biggest problems we have.” Picone also details how many residents are not educated on the current food programs currently set up to help them, including SNAP. To help fill these gaps, FeedMore WNY educates recipients on food resources such as SNAP, manages a food bank, has volunteers deliver hot meals to seniors over 60, and runs a “farm truck.” This farm truck acts as a mobile farmer’s market which sells fresh produce that can be purchased with SNAP benefits. FeedMore WNY operates three farm trucks each serving a different community. The organization cooperates with nearby food banks that also manage food trucks to ensure their routes do not overlap in order to meet the needs of as many recipients as possible. However, Picone does note that FeedMore WNY is confined in its ability to serve the community due to its limited hours of operation (no weekends), the number of volunteers, food and monetary donations, and the large geographic spread of all recipients who could benefit from their assistance.

Donna Galgano, director of People Loving People in Oyster Bay, describes the many barriers that food insecure families and individuals face in Oyster Bay and Long Island as a whole. People Loving People is a “free food store” that allows anyone who walks in a realistic, dignified shopping experience. The food bank is set up like a store and does not turn anyone away. In Oyster Bay, many undocumented Hispanic residents visit People Loving People to bring home healthy foods for their family. Most undocumented immigrants are not eligible to

receive SNAP benefits (USDA, 2013); however, in neighboring New York City, Executive Order 41 “protects the confidentiality of anyone seeking city services”, allowing undocumented immigrants to apply for SNAP without fear of deportation (NYC Human Resources Administration, 2021). Galgano describes Oyster Bay’s food insecure population as unique to the area, whereas the rest of Long Island’s food insecure population are primarily blue-collar workers on SNAP. Across Long Island this population struggles with reliable transportation to access and bring food home regularly. In addition many people in this population do not have a kitchen or home to store and cook their own food.

In New York City, the pandemic has caused many residents to turn to food assistance due to a loss of employment and income, according to Anjali Krishnan, Social Media Associate at NY Common Pantry. NY Common Pantry takes a “whole-person” approach that extends beyond treating food insecurity. They help recipients apply to Medicaid, provide translation services, offer food nutrition workshops, run a farmshare program, and also allow clients who come to the pantry to take showers as well as other basic amenities. This is all in addition to serving hot meals. In fact, many homeless people utilize the pantry for day-to-day amenities such as showering and getting meals. The pantry also has a dedicated service for residents 60 and older known as “Nourish” in which food packages are brought around the city into convenient pick-up areas. As described by Krishnan, individuals facing food insecurity in NYC oftentimes cannot easily leave their homes, with many living in food deserts. Eating a nutritious meal is also a challenge because it can be expensive to buy fresh produce.

In the North Country region the food insecure population lacks stable sources of food, according to Suzanne Collins, director of Hamilton Food Cupboard. Many people come into Hamilton Food Cupboard because they are laid off from seasonal work, are unemployed, or

cannot afford food due to the high cost of living. Due to the Hamilton area being very rural with an aging population, the pantry started delivering food during the Covid-19 pandemic because many elderly residents did not want to leave their homes. The limited hours of operation of the pantry combined with the necessity to drive to get around causes many food insecure residents to pantry-hop to get sufficient food.

“We are only open Tuesday and Thursday from 1-6pm. We have in our area on Monday nights a soup kitchen called Friendship Inn. Then there is another meal the next town over on Thursday night, and another pantry in Earlville. Every little town in the area has a pantry that are all different hours. I’m sure there are families that go to multiple pantries although I know they’re not supposed to. Pantries don’t really cross-check”.

In Westchester, NY, located in the Mid-Hudson region, Feeding Westchester offers many programs and initiatives to fight food insecurity in the region: they provide SNAP assistance, nutrition education, operate a mobile food pantry, run a fresh market program, and offer a senior grocery delivery program. According to Virgil Dantes, Director of Community Impact at Feeding Westchester, the Mid-Hudson region has seen an increase in the number of people who lost their jobs due to the Covid-19 pandemic. There are people who have a job but are underemployed, and many seniors who rely on their SSI or SSDI income to pay for expenses, leading to situations of food insecurity. Feeding Westchester’s immense capacity--with over 10,000 volunteers in 2020, around 50 paid staff, and close to 300 partner distribution food sites--is able to make a large impact in the region as a source of hunger alleviation. A majority of distribution sites are in areas that have easy access to public transportation or are in walking distance to people in need.

Restaurant Meals Program in California

In San Francisco County, the SFHSA manages the RMP. However, administration of the RMP is currently in the early stages of being transitioned to CalFresh at the state level. CalFresh is California State's implementation of SNAP. The SFHSA manages the RMP by providing on-the-ground support with the restaurant application process, updates the online database of RMP-eligible recipients, and advertises the program to eligible recipients.

Mano and Belamide pointed out many faults of the current management of the RMP. "One challenge is sustaining the number of restaurants and access to healthy food for our clients. Rent is high in San Francisco so a lot of restaurants that aren't able to keep up with the rent fall off the program. They are shutting down or moving elsewhere." Currently, 14 local and 17 national chain restaurants participate in the RMP. However, they pointed out that just 5 years ago before the cost of living dramatically rose and the COVID-19 Pandemic, local restaurants greatly outnumbered national chains. Another issue the SFHSA faces is the lack of automation tools available for administrators. For example, employees must manually update each new RMP-recipient in their online system when a current SNAP recipient turns 60 years old. It is a time-consuming process while also resulting in fewer potential RMP-recipients from being registered in the system.

Although outside of the SFHSA's control, Mano and Belamide discussed how vendors' Electronic Benefit Transfer (EBT) point-of-sale device fees deter restaurants away from the RMP. EBT cards act as a "debit card" to purchase food, simplifying the user experience and administration of benefits (USDA, 2018). "That cost is another reason why restaurants have said it's not worth it because they would need X number of customers to break even." California

plays a hands-off approach for EBT device procurement, resulting in vendors shouldering the costs. One restaurant type excluded from the RMP in California are food trucks; CalFresh does not allow food trucks to participate in the state. In San Francisco, many restaurants start out as food trucks because of a lower cost of ongoing business before opening a brick-and-mortar location. Without food trucks, the number of potential vendors is reduced which makes it harder for RMP recipients with limited mobility to buy a hot meal. Additionally, the ability of recipients to order food for delivery is complicated due to the CalFresh's requirement that EBT cards be swiped in-person. Thus, delivery drivers require an EBT-capable device which is costly and impractical for every driver to own. For the elderly who are concerned about dining in-person or for recipients with limited mobility, this significantly impacts the ability to utilize their benefits at restaurants.

Mano and Belamide also shared advice for improving the RMP. They recommend utilizing an automated system that assists administrators in updating the RMP-eligible database and identifying newly eligible recipients among other tasks. Additionally, outreaching to restaurants would be advantageous in getting new restaurants and keeping current vendors in the program through relationship building. Allowing food trucks to participate and making food delivery easy and affordable would also improve RMPs across the country.

Belamide also touched on the feedback they receive from vendors in the RMP “What we’ve heard is generally positive. It’s about [restaurants] being able to serve the community. They are glad to be part of it. They are glad to serve those in the community.”

Restaurant Meals Program Policy Goals in New York State

Anthony Farmer, the Director of Public Information from the OTDA, answered a series of questions relating to the planning, implementation, and policy goals for the RMP in NYS. The list of interview questions can be found in Appendix B.

NYS's goal is to provide nutritious, hot meals to the homeless, disabled, and elderly population. Restaurants that participate in the Restaurant Resiliency Program (RRP)—a program that provides grants to restaurants impacted by the Covid-19 pandemic-impacted, as well as addressing increased rates of food insecurity—will participate in the state's RMP pilot. These restaurants have experience preparing lost cost, healthy meals. A team from the OTDA is working on the state's RMP application to the USDA. The pilot program will focus on areas with a large concentration of eligible participants before expanding to the rest of the state. Before beginning the pilot, NYS has been speaking with other states about their successes/issues operating their respective RMP's. This information will be utilized to improve the state's RMP.

Farmer shared a variety of goals on what a successful implementation would be for NYS. Quotes that mention goals and successes of the program are as follows:

- "...goal is to provide hot meals with a nutritional focus in high density zip codes with eligible SNAP population{s}"
- "The NYS RMP will leverage accomplishments of the NYS RRP... to help our struggling pandemic impacted restaurants and our growing food insecurity".
- "...with the goal of including restaurants that offer healthy meal options"

- “A successful implementation... number of restaurants and types that choose to participate and the utilization of the program by SNAP eligible population without any barriers”

Health and nutrition, the number of restaurants participating, the types of restaurants participating, supporting struggling businesses, and utilization among the RMP-eligible population are NYS’s policy goals.

Interviewee Statements on the RMP

“[The RMP] would create new opportunities for us to advocate for it to be implemented in a way that improves health and justice in our community” - Mike Bulger, Common Ground Health

“I think [the RMP] could have a positive effect. As I mentioned, increasing access to food to everyone is a positive no matter how you slide it.” - Lauren Picone, Feedmore WNY

“If people are getting meals from restaurants they are not always the healthiest options. But I think additionally it’s great for people experiencing homelessness who don’t have a kitchen and can’t cook for themselves.” - Anjali Krishnan, NY Common Pantry

“The more places that [the RMP population] can buy food from, the better.”

- Donna Galgano, People Loving People

“We give out enough food to hold a family of four most days of the week. Being able to go to a restaurant doesn’t necessarily impact us. We would like {our clients} to have a choice of what meals that they want to have.”

- Virgil Dantes, Feeding Westchester

Discussion

From the interviews with hunger relief advocates across NYS, the homeless, disabled, and elderly populations across the state face many of the same challenges. Many food organizations already offer services that fill the gaps not met by SNAP; however, the established services and level of support offered differ greatly by region. NY Common Food Pantry in New York City operates a hot meal delivery service to elderly residents who cannot readily leave their homes. In Buffalo, NY, Feedmore WNY attempts to mitigate the effects of food deserts in the region by operating a food truck which allows SNAP recipients to spend their benefits on healthy foods. New York City also has NYC Executive Order 41 which protects undocumented immigrants' privacy when seeking city services, allowing them to participate in SNAP without fear of deportation. For these reasons, NYS is geographically inequitable in terms of the services the homeless, disabled, and elderly can benefit from. The RMP will provide increased accessibility of food in all regions of the state, helping reduce the geographic inequities that exist today.

Prior research shows the RMP-eligible population in other states with the RMP suffer from food insecurity due to a long list of difficulties in accessing food, with the RMP having demonstrated to reduce the severity of these difficulties (Robertson, 2020; Hodges, 2012; Gupta et al., 2013). The findings of this research have shown the RMP-eligible population faces challenges of inaccessibility to healthy food, diet and nutritional concerns, lack of mobility and transportation, and financial instability. The RMP helps to address healthy food and diet/nutritional concerns by allowing recipients to buy hot, prepared meals. A hot meal is not guaranteed to be healthy, but it gives recipients more options to seek out healthy food as opposed to the limited options SNAP benefits can purchase at the supermarket. The RMP helps to address

issues of mobility and transportation by allowing greater access to establishments that accept SNAP benefits.

Overall, interviewees showed positive feelings that RMP would increase food accessibility. All interviewees expressed concern towards creating appropriate restaurant eligibility guidelines. These guidelines would directly impact the type of restaurants that participate in the program and subsequently the health and nutrition of recipients. Ultimately, it is up to the OTDA to make the decisions on how to manage the RMP. Utilizing the recommendations listed in the findings has the potential to enact the RMP to meet the OTDA's policy goals.

Farmer answered the interview questions in a professional manner without going into specifics. The OTDA is still in the early stages of planning the RMP, so specifics may not have been decided yet. For this reason, the OTDA's policy goals, implementation approach, and other plans may change on short whim. Answering the questions broadly makes it easier for the OTDA and NYS to be more fluid in changing any future implementation and management approaches. As a public information officer his statements and choice of wording reflects the entirety of the OTDA and even the state, so he had to be careful in how he worded his response.

Based on NYS's policy goals for the RMP as shared by the OTDA, the nutritional quality of restaurant meals as well as utilization of the program are both important indicators for the success of the program. A high utilization rate is highly dependent on the number of participating restaurants in the RMP; if there are a lot of vendors that accept SNAP benefits, it becomes easier for RMP-eligible participants to use their benefits. This may present a challenge to achieve a high utilization rate while balancing the OTDA's desire to have restaurants that offer nutritional meals as is being done for the pilot program. Utilization of the RMP by the SNAP eligible

population is not only reliant on the number of restaurants; recipients need to be educated on the RMP and have vendors they like to shop at.

Of the various RMP jurisdictions analyzed in this research, there were many identified issues that prevented the program's full potential to be met. It is a stark warning that the success of the RMP in meeting its policy goals does not occur naturally. By utilizing this knowledge, many of the issues faced elsewhere can be avoided in NYS.

Recommendations

Issue 1: Poor Restaurant Outreach and Advertising

FeedMore WNY, Common Ground Health, and People Loving People all mentioned their strong relationships with other food organizations, local restaurants, and charities. Utilizing their web of connections across NYS will boost the outreach capabilities to jumpstart the RMP's size and success. To ensure eligible RMP users are well-educated on the program, providing information that directs them to nearby restaurants is essential.

Issue 2: Geographic Inequality

Conducting a demographic analysis of the RMP-eligible population will provide NYS with the knowledge of where the eligible population actually lives. In conjunction, use computer-mapping software and analysis tools to locate geographic gaps where food access points are lacking.

With this information, NYS can utilize a more targeted advertising and outreach campaign to fill any geographic gaps in accessibility to eligible vendors. Other than restaurants, food trucks are another way for people to access food. Examining the feasibility of allowing food trucks to participate in the RMP would be beneficial because of their ability to be mobile and traverse to areas that might not have as many vendors.

Issue 3: Administrative Challenges

Reducing the administrative workload is important for maintaining current demand and future growth of the RMP. To start, utilizing an online form to streamline the restaurant application process will reduce the overall time needed to join the RMP for both parties.

Secondly, an automated system that assists in updating the eligible participant user database and can send out information on the RMP to new recipients will greatly reduce the number of manual hours and potential human-errors. As mentioned in an earlier recommendation, local food organizations/coalitions can help with the marketing of the RMP to take some of the burden off administrators. For instance, a food organization could utilize their network of volunteers to help spread the word to local establishments. Although not ideal to set precedent to rely on volunteers, many of the interviewed food organization administrators expressed interest in assisting in restaurant outreach. Advertising the RMP—to restaurants and the public—is likely going to be an expensive and time intensive process. Getting all the help possible will be beneficial to increasing the size and utilization of the RMP.

Issue 4: Restaurant Enrollment

The OTDA’s main RMP policy goals are to achieve high utilization of the program by SNAP eligible population, provide healthy meal options, and have a high “number of restaurants and types {of restaurants}” participating. To achieve these goals, restaurant eligibility requirements based on the nutrition of food should be minimal. In California, some counties’ stringent nutritional requirements inadvertently resulted in a majority of fast-food chains to participate in the program. The research on the health of fast-food chains versus local establishments is inconclusive; regardless, restaurant eligibility requirements need to be easy to access, simple, and clear with no ambiguity.

A contract renewal period longer than a year in order will ease the administrative burden on restaurants. Additionally, the burden of EBT device procurement costs faced by vendors is another barrier that needs to be considered. It is impractical for the state to pay for each

restaurant's EBT device. Reducing the cost through a rebate, discount, or other incentives would be beneficial for restaurants.

A potential recommendation is to limit restaurants that have more than "X" number of chains operating in NYS. As mentioned by a handful of interviewees, they were concerned about the health effects of SNAP recipients being able to use their benefits at fast-food chains. Having government-funded dollars supporting fast-food establishments was an added concern. If this recommendation was enacted, local establishments that are struggling to retain business due to the Covid-19 Pandemic would financially benefit. At the same time, allowing fast-food chains to participate in the RMP would be the surest way to decrease food insecurity across the state. The "number of restaurants and types that choose to participate" is an important metric for NYS. The "types" of restaurants the OTDA is referring to is unclear but is likely referring to local establishments. Based on this assumption, limiting restaurants that have more than "x" number of chains may meet their criteria for success.

Issue 5: Diversity of Foods

As similarly recommended in Issue 2, conduct a demographic analysis and utilize the findings to locate culturally diverse restaurants that meet the needs of local RMP recipients. In addition, conduct surveys to ask RMP-eligible recipients' opinion on restaurant options, diet preferences, etcetera. To further encourage restaurants with diverse food options to join the RMP, providing adequate assistance, funds, and grants will increase the likelihood they will enroll.

Issue 6: Abuse and Stigma

Changing societal and individual stigma against the homeless, disabled, and elderly is a barrier to the RMP's success. When outreaching to new restaurants, staff must be adequately trained to answer any concerns about RMP. Staff should share relevant data, answer concerns, and portray the economic benefits of being RMP-certified. Additionally, there needs to be adequate funding to hire sufficient staff to be able to answer restaurants' questions and concerns.

Issue 7: Food Inaccessibility for the Immobile

As shared by the OTDA, "utilization of the program by SNAP eligible population without any barriers" is important for the RMP's success. Removing the barriers that the immobile face when using their benefits is important for achieving this goal.

Create a system that allows the deliverer to collect SNAP-benefits from recipients as a form of payment. Also, partner with delivery companies such as Grub Hub and UberEATS to allow for EBT compatibility on their platforms.

Pilot Recommendations

The pilot program is an opportunity to experiment with what works and what does not. To best utilize this opportunity, NYS should allow any restaurant in the geographic area the pilot takes place in to participate. RMP participants participating in the pilot should be surveyed to gain useful feedback. The survey should ask how satisfied they are with the RMP, suggestions for improvement, its impact on access to food, its impact on their health (mental and nutritional) among other questions. NYS should have an experimental group of participants that can only

purchase food at “nutritional” restaurants, and a control group that can purchase food anywhere. This research will analyze the true impact of nutrition-related restaurant eligibility guidelines on the health and utilization of the RMP by participants. Additionally, seeing how the spending pattern of participants is impacted can help determine if the timing of the distribution of benefits needs to be adjusted. At the conclusion of the pilot program, NYS will be well-informed on what type of restaurant eligibility guidelines will best meet its policy goals.

Other

Unfortunately, any further changes to the RMP would have to be made on a federal level. For example, increasing RMP’s reach to farmers markets and prepared meals at supermarkets needs action at the federal level because they fall outside the classification of being a “restaurant.” Regardless of making these federal changes, New York can do a lot on the state level to make RMP equitable, support local businesses, and increase food access to RMP’s target population.

Also, it is important to note that any suggestions from interviewed anti-hunger advocates need to be tested before becoming a recommendation for implementation guidance.

Limitations

Most utilized literature relating to the RMP focused on California. Just because California faced a certain issue with the RMP does not mean NYS will as well, even under similar circumstances. Both states have different politics, geography, and demographics within their RMP target populations.

Interviews were not conducted in most major regions across NYS but not every. The recommendations given are broad in a sense but do not take into account what the food environment is in the regions not studied. Additionally, a single interview with a hunger relief advocate does not speak for the entire food-insecure population in a region.

Due to Anthony Farmer's preference to correspond via email, there was no opportunity to ask follow-up questions. Additionally, NYS's RMP has not yet been implemented and the author was unable to interview staff from the OTDA who is directly developing the pilot program, as Anthony Farmer is a Public Information Officer. The survey question could have been phrased differently to try and get more specific information. For example, "in San Francisco County, the geographic distribution of restaurants participating in RMP was not equitable. How does NYS plan to address potential geographic inequity?"

Conclusion

The Restaurant Meals Program in NYS has the potential to significantly increase food access for the elderly, disabled, and homeless. By using the presented recommendations, it will aid the program's policy goals while preventing the challenges that have transpired in other states from occurring in NYS. In many RMP jurisdictions the program has struggled to meet its intended goals. In Rhode Island, most restaurants were fast-food chains. In San Francisco County, the geographic distribution of restaurants participating in RMP was not equitable. Many RMP administrators did not have adequate funding and did not utilize their connections with local food organizations. Ambiguous, restrictive eligibility requirements make it hard for local restaurants to participate in the RMP. The participation of local restaurants which offer diverse food options can be seen as important for the success of the program. Also, the fear of abuse from administrators and stigma that restaurant managers have towards RMP's target population was the final issue identified.

Altogether, New York is poised to utilize this knowledge to ensure its RMP is as successful as possible in meeting policy goals with the current information known. Of course, issues will arise unique to the state that will need revisions of their own; however, this guide will hopefully suffice and be a source for reference in the future as well.

Future research will be needed to ensure the success of the RMP in NYS. The pilot is a great opportunity to find answers to current uncertainties. The findings of the pilot program will pave the way for the success of the program when it expands statewide. Additionally, it would be beneficial for further research to look into the health impact of sugary drinks on diet and nutrition for SNAP participants, and on the calculation of benefits based on true cost-of-living.

Appendix A: Interview questions with hunger relief advocates in NYS

1. Please introduce yourself
2. What are some of the food-related concerns of your clients and / or communities you serve?
3. What barriers have you noticed that prevent individuals from accessing healthy food?
4. What does your organization do to help address these issues?
5. What might you foresee as pros and cons of a Restaurant Meals Program in New York State?
6. If RMP was implemented, how might it impact your organization, if at all?
 - a. What types of connections does your organization have with other food banks, non-profits, volunteers, and other groups?
 - b. What other considerations do you think are important that I haven't already asked about?

Appendix B: Interview questions for the SFHSA

1. What challenges has the RMP faced in San Francisco County?
2. What changes/strategies within the SFHSA have been adopted to address these challenges, and what were the effects?
3. What types of impressions do restaurants and SNAP-recipients have towards the RMP?

Appendix C: Interview questions for the NYS OTDA

1. What is New York State's goal/policy agenda with the RMP?
2. How is your agency preparing to implement the RMP?
3. What are the barriers/challenges with the RMP's implementation and management in NYS?
4. What is considered a *successful* implementation of the RMP?

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